

INVENT/INVESTIGATION REPORT

By: LAWSONJW, VENIL-104 10/24/2006

Richmond Police Department

Page 2

Case# 2006-10140633

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown					
IBR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity
D R U G S					

Assisting Officers

Suspect Hate / Bias Motivated: *None (No Bias)*

NARRATIVE

Victim stated that an unknown person may have entered her house.

REPORTING OFFICER NARRATIVE

Richmond Police Department

OCA

2006-10140633

Victim

SERENE, ISARA ISABELLA

Offense

SUSPICIOUS SITUATION/PERSON

Date / Time Reported

Sat 10/14/2006 16:32

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Victim stated that an unknown person may have entered her house using a spare key on her back deck. She stated that she has had several problems with her ex-husband for the past sever years, and has had a protective order on him from some time. when her friend went to her house today, several items had been moved, and the key was missing from the porch. Nothing was missing from the house, and the doors were locked.

05/17/2000 Initial / Modify

Entered:

*Incident # 200610240029		*Reporting Officer MARK K. SEGAL		*Officer Code # 1576		*Runaway (901) *Missing Person (90B)		Page # 1	
Date 10/24/06		Report Time 0010		*Investigating Agency & Telephone Number (24 Hour Number) RPD/Youth & Family Crimes Unit (804) - 646 - 6716				Agency ORI VA1220010	
*Last Name SERENE		*First Name DOMINIK		*Middle Name ELIEZER		*Suffix			
*Race W/B/I/A/U		*Ethnic H/N		*Sex M/F		SSN		OLN	
*DOB		*Emancipation Date 2018		Country of Birth U.S.		*State of Birth PA		*City/County of Birth SAYRE	
*Height (low range) 3'6"		*Height (high range) 3'6"		*Color - Hair/Eye (BLK) Black (BLN) Blonde/Strawberry (BLU) Blue (BRN) Brown (GRY) Gray (GRN) Green (RED) Red (WHI) White (UNK) Unknown (OTH) Other		*Skin Tone (ALB) Albino (DRK) Dark (LGT) Fair/Light (MED) Medium (OTH) Other		*Location (BOTH) Both (F) Front (B) Back (LOW) Lower (UP) Upper (R) Right (LR) Lower Right (UR) Upper Right (L) Left (LL) Lower Left (UL) Upper Left (UNK) Unknown (OTH) Other	
*Weight (low range) 40		*Weight (high range) 40		*Hair Color BLN		*Eye Color BLU		*Skin Tone LGT	
*Name of School If Juvenile		Scars, Marks, Tattoos Type		Location		Body Part		Description	
				EAR		EAR		LEFT EAR PIERCED	
School Location (City, State)									
Home Street #		Home Street Name		Apt #		City, State, Zip		Home Phone	
						RICHMOND, VA 23226			
*Date of Last Contact 10/13/06		Missing / Runaway Before Y/N		Number Times Missing / Runaway		Is Subject Alcohol and/or Drug User Y/N		Missing From	
Last Seen in the Company of: (Names and Addresses)		DAVID BUSH		AGE 40		DOB			
*Miscellaneous Information (Check All That Apply)		<input type="checkbox"/> Body X-Rays Available <input checked="" type="checkbox"/> Circumcized <input type="checkbox"/> Dental X-Rays Available <input type="checkbox"/> Dental Models/Photos Available		<input checked="" type="checkbox"/> Fingerprints Available <input type="checkbox"/> Footprints Available <input type="checkbox"/> Medication Available <input checked="" type="checkbox"/> Current Photo Available		Blood Type: (1) O Pos (4) A Neg (7) AB Pos (2) O Neg (5) B Pos (8) AB Neg (3) A Pos (6) B Neg (9) Unk		Fingerprint Classification	
Vision Prescription		<input type="checkbox"/> Contacts <input type="checkbox"/> Glasses		Jewelry Type		Jewelry Description			
						LEFT EAR PIERCED			
MISCELLANEOUS DATA (Information which may assist in identification: nickname, associates, direction of travel, hairstyle, clothing, name of medication(s). Continue in Narrative on next page)									
NICKNAME: ELY									
BIRTH NAME: SKYLER RAINE BUSH DOB									
FIRST MID LAST									

***The following section MUST be completed and signed according to Virginia State Law (Runaways).**

I certify the person described in this report is missing and under 18 years of age and that the information I have furnished is true and correct to the best of my knowledge and belief.

Isabella Serene 10/24/06 mother
Signature Date Relationship

I authorize any law enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing.

I represent that I am the natural parent and/or legal guardian of the person named in this report, and have the legal right to sign this authorization and consent.

Isabella Serene 10/24/06 mother
Signature Date Relationship

***Affidavit for Missing Person Age 18 or Over**

I certify the person described in this report is missing.

Check Applicable Condition:

Disability: Person Missing is under proven physical/mental disability or is senile thereby subjecting herself/himself or others to personal or immediate danger.

Endangered: Person missing under circumstances indicating his/her physical safety is in danger.

Involuntary: Person missing under circumstances indicating the disappearance was not voluntary.

Signature Date Relationship

RUNAWAY / MISSING PERSONS

05/17/2000

Initial / Modify

Entered:

*Incident # 200610240027		*Reporting Officer MARK K. SEGAL		*Officer Code # 1576		• Runaway (901) • Missing Person (90B)		Page # 1	
Date 10/24/06		Report Time 0010		*Investigating Agency & Telephone Number (24 Hour Number) RPD/Youth & Family Crimes Unit (804) - 646 - 6716				Agency ORI VA1220010	
*Last Name SERENE		*First Name STEFANO		*Middle Name RICOCHET		Suffix			
*Race W/B/I/A/U		*Ethnic H/N		*Sex M/F		SSN		OLN	
*DOB		*Emancipation Date 8-27-2011		Country of Birth U S		*State of Birth P A		*City/County of Birth WELLSBORO	
*Height (low range) 5'0"		*Height (high range) 5'0"		*Color - Hair/Eye (BLK) Black (BLN) Blonde/Strawberry (BLU) Blue (BRO) Brown (GRY) Gray (GRN) Green (RED) Red (WHI) White (UNK) Unknown (OTH) Other		*Skin Tone (ALB) Albino (DRK) Dark (LGT) Fair/Light (MED) Medium (OTH) Other		*Location (BOTH) Both (F) Front (B) Back (LOW) Lower (UP) Upper (R) Right (LR) Lower Right (UR) Upper Right (L) Left (LL) Lower Left (UL) Upper Left (UNK) Unknown (OTH) Other	
*Weight (low range) 96		*Weight (high range) 96		*Hair Color BRN		*Eye Color OTH		*Skin Tone LGT	
*Name of School If Juvenile		Scars, Marks, Tattoos Type		Location		Body Part		Description	
		F A C I E				FACE		LEFT DROOPY EYE	
School Location (City, State)						TETH		BRACES ON TEETH	
Home Street #		Home Street Name		Apt #		City, State, Zip		Home Phone	
						RICHMOND, VA 23226			
Date of Last Contact 10/13/06		Missing / Runaway Before Y/N		Number Times Missing / Runaway		Is Subject Alcohol and/or Drug User Y/N		Missing From	
		N		0		N			
Last Seen in the Company of: (Names and Addresses)									
DAVID BUSH AGE 40 DOB [REDACTED]									
Sex M/F M Race W/B/I/A/U W									
Sex M/F M Race W/B/I/A/U W									
Sex M/F M Race W/B/I/A/U W									
*Miscellaneous Information (Check All That Apply)									
<input type="checkbox"/> Body X-Rays Available <input checked="" type="checkbox"/> Circumcized <input checked="" type="checkbox"/> Dental X-Rays Available <input checked="" type="checkbox"/> Dental Models/Photos Available <input checked="" type="checkbox"/> *Fingerprints Available <input checked="" type="checkbox"/> *Footprints Available <input checked="" type="checkbox"/> *Medication Available <input checked="" type="checkbox"/> *Current Photo Available Blood Type: (1) O Pos (4) A Neg (7) AB Pos (2) O Neg (5) B Pos (8) AB Neg (3) A Pos (6) B Neg (9) Unk									
Fingerprint Classification									
Vision Prescription									
<input type="checkbox"/> Contacts <input type="checkbox"/> Glasses Jewelry Type Jewelry Description LEFT EAR PIERCED									
MISCELLANEOUS DATA (Information which may assist in identification: nickname, associates, direction of travel, hairstyle, clothing, name of medication(s). Continue in Narrative on next page)									
NICKNAME: "RICO"									
BIRTH NAME: STEPH CADENCE BUSH DOB [REDACTED]									
First Mid Last									

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Z. Zabell Serene 10/24/06 mother
Signature Date Relationship

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Involuntary: Person missing under circumstances indicating the disappearance was not voluntary.

Signature Date Relationship

17X X 6652

05/17/2000 Initial / Modify 0482

Entered:

*Incident # 0061024 0024		*Reporting Officer MARK K. SEGAL		*Officer Code # 1576		• Runaway (901) • Missing Person (90B)		Page # 1	
Date 10/24/06		Report Time 0010		*Investigating Agency & Telephone Number (24 Hour Number) RPD/Youth & Family Crimes Unit (804) - 646 - 6716				Agency ORI VA1220010	
Vic Seq #		*Last Name SERENE		*First Name TULLIA		*Middle Name AMELIE		Suffix	
*Race W/B/I/A/U <input checked="" type="checkbox"/> W		Ethnic H/N <input checked="" type="checkbox"/> N		*Sex M/F <input checked="" type="checkbox"/> F		SSN [REDACTED]		OLN	
*DOB [REDACTED]		*Emancipation Date 6-17-2000		Country of Birth US		State of Birth PA		City/County of Birth SAYRE	
*Height (low range) 3'4"		Height (high range) 3'4"		Color - Hair/Eye (BLK) Black (BLN) Blonde/Strawberry (BLU) Blue (BRO) Brown (GRY) Gray (GRN) Green (RED) Red (WHI) White (UNK) Unknown (OTH) Other		Skin Tone (ALB) Albino (DRK) Dark (LGT) Fair/Light (MED) Medium (OTH) Other		Location (BOTH) Both (F) Front (B) Back (LOW) Lower (UP) Upper (R) Right (LR) Lower Right (UR) Upper Right (L) Left (LL) Lower Left (UL) Upper Left (UNK) Unknown (OTH) Other	
*Weight (low range) 42		Weight (high range) 42		*Hair Color B R O		*Eye Color B L U		Skin Tone L G T	
*Name of School If Juvenile [REDACTED]		Scars, Marks, Tattoos Type Location Body Part Description							
[REDACTED]		[REDACTED] EAR [REDACTED] EAR BOTH EARS PIERCED							
School Location (City, State) [REDACTED]		[REDACTED]							
Street # [REDACTED]		Home Street Name [REDACTED]		Apt # [REDACTED]		City, State, Zip RICHMOND, VA 23226		Home Phone [REDACTED]	
*Date of Last Contact [REDACTED]		Missing / Runaway Before Y/N <input type="checkbox"/>		Number Times Missing / Runaway <input type="checkbox"/>		Is Subject Alcohol and/or Drug User Y/N <input type="checkbox"/>		Missing From [REDACTED]	
Last Seen in the Company of: (Names and Addresses) DAVID BUSH AGE 40 DOB 8/13/66		Sex M/F <input checked="" type="checkbox"/> M		Race W/B/I/A/U <input checked="" type="checkbox"/> W		Sex M/F <input type="checkbox"/>		Race W/B/I/A/U <input type="checkbox"/>	
Sex M/F <input type="checkbox"/>		Race W/B/I/A/U <input type="checkbox"/>		Sex M/F <input type="checkbox"/>		Race W/B/I/A/U <input type="checkbox"/>		Sex M/F <input type="checkbox"/>	
*Miscellaneous Information (Check All That Apply) <input type="checkbox"/> Body X-Rays Available <input type="checkbox"/> Circumcized <input checked="" type="checkbox"/> Dental X-Rays Available <input checked="" type="checkbox"/> Dental Models/Photos Available		<input checked="" type="checkbox"/> Fingerprints Available <input type="checkbox"/> Footprints Available <input type="checkbox"/> Medication Available <input type="checkbox"/> Current Photo Available		Blood Type: (1) O Pos (4) A Neg (7) AB Pos (2) O Neg (5) B Pos (8) AB Neg (3) A Pos (6) B Neg (9) Unk		Fingerprint Classification			
Vision Prescription <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses		Jewelry Type BLUE EARRINGS		Jewelry Description BLUE STUD EARRINGS					
MISCELLANEOUS DATA (Information which may assist in identification: nickname, associates, direction of travel, hairstyle, clothing, name of medication(s). Continue in Narrative on next page)									
BIRTH NAME: SHILOH DESIREE BUSH DOB [REDACTED] FIRST MID LAST									

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Signature Date Relationship

FELONY

19.2-71, -72

General District Court ☐ Criminal ☐ Traffic
☒ Juvenile and Domestic Relations District Court

TO A. AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on or about 10/13/2006 to 10/25/2006 did unlawfully and feloniously in violation of Section 18.2-47

of the Code of Virginia: 18.2-47, Code of Virginia:
to abduct and remove from Virginia TULLIA SERENE, who is the child of the accused. IBR#20061024-0028.

RECEIVED

NOV 22 2006

City of Richmond Juvenile & Domestic
Relations District Court

the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

DETECTIVE S. C. ADAMS RPD, Complainant.

10/25/2006 07:40 PM

DATE AND TIME ISSUED

☐ CLERK ☒ MAGISTRATE ☐ JUDGE

A. L. Nardella

TAKE BUCCAL SAMPLE IF LIDS SHOWS NO DNA SAMPLE IN DATA BANK
Check if sample previously taken: Check if sample taken for this arrest:

RE is Required

JRM DC-317 (FRONT) REVISED 7/05

CASE NO.

JA6165762-06

ACCUSED:

BUSH, DAVID

LAST NAME, FIRST NAME, MIDDLE NAME

105 CREEK DRIVE

ADDRESS/LOCATION

NEWTOWN, PA 18940

Date:

11.22.06

() Waiver

Attorney

Counsel Defendant

to Contact Ordered

Thal Date:

8.07

Trial Time:

2:15

Judge or Courtroom

Bond Hearing Date

() Witness recognized

() Summons

Witnesses

CLASS 6 FELONY

☒ EXECUTED by arresting the Accused named above on this day:

11/21/06 0850

DATE AND TIME OF SERVICE

B. Pratergast

Arresting Officer

2788 RPD 120

BADGE NO., AGENCY AND JURISDICTION

for C.T. Woody

SHERIFF

Attorney for the Accused:

Short Offense Description:

ABDUCTION: BY PARENT, REMOVE FROM STATE

Offense Tracking Number:

760JM4190604651

OR ADMINISTRATIVE USE ONLY

Virginia Crime Code:

KID-1015-F6

EXHIBIT

Adams #2
5/20/10

Check if sample taken for this arrest: